

2331

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

County of Gila  
 District of \_\_\_\_\_  
 Town of Miami  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 111  
 Co. Registrar No. 48  
 Local Registrar's No. \_\_\_\_\_

Full Name of Child Ronald Ernest Merrigan { Born YES  
 If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive ☒

Sex of Child <u>M</u>	Twin, Triplet or other <u>1</u>	and	Number in order of birth <u>3</u>	Legitimate? <u>Y</u>	Date of Birth <u>Feb 20 '22</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Thos. Joe Merrigan</u>			Full Name <u>Ruby Mary McMillan</u>		
Residence <u>Miami</u>			Residence <u>Miami</u>		
Color or Race <u>Wh</u>			Color or Race <u>Wh</u>		
Age at last Birthday <u>33</u> (Years)			Age at last Birthday <u>26</u> (Years)		
Birthplace <u>Montana</u>			Birthplace <u>Mo</u>		
Occupation <u>Craneman</u>			Occupation <u>Housewife</u>		
Number of Child of this mother <u>3</u>	Number of children of this mother now living <u>3</u>		Were precautions taken against Ophthalmia neonatorum? <u>Y</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child, and that it occurred on Feb 20 1922, at 10 P.M.

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Charles E. Dine M.D.  
 (Attending physician, midwife, householder.)

Given or Christian name added from a Supplemental report \_\_\_\_\_ 1922

Address Miami, ArizonaFiled Feb 20 19221922

B. M. Hardy M.D.  
 LOCAL REGISTRAR.

445-220-945  
 COUNTY REGISTRAR.

Filed Mar 1 1922

True Copy

B. G. J. of  
 COUNTY REGISTRAR.